

Basketball



Education

DEVELOPMENTAL PROGRAMS FOR THOSE WANTING TO BE SUCCESSFUL STUDENT/ATHLETES

After-School Program Invoice

Student Name (s) _____ Month(s) _____

Cost: Circle one: \$50 \$40 Other _____ Age ____ Grade ____

Parent Signature _____ Student Signature _____

Comments: For 1st 12 sessions

<i>Previous Attdnce</i>																			
-------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Matt Ellis, Director; Email: mellis@rainbowtel.net (For your records)

Basketball



Education

DEVELOPMENTAL PROGRAMS FOR THOSE WANTING TO BE SUCCESSFUL STUDENT/ATHLETES

After-School Program Invoice

Student Name (s) _____ Month(s) _____

Cost: Circle one: \$50 \$40 Other _____ Age ____ Grade ____

Parent Signature _____ Student Signature _____

Comments: For 1st 12 sessions

<i>Previous Attdnce</i>																			
-------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Matt Ellis, Director; Email: mellis@rainbowtel.net (Sign and return)